ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS
NEW YORK 1999 TABLES

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

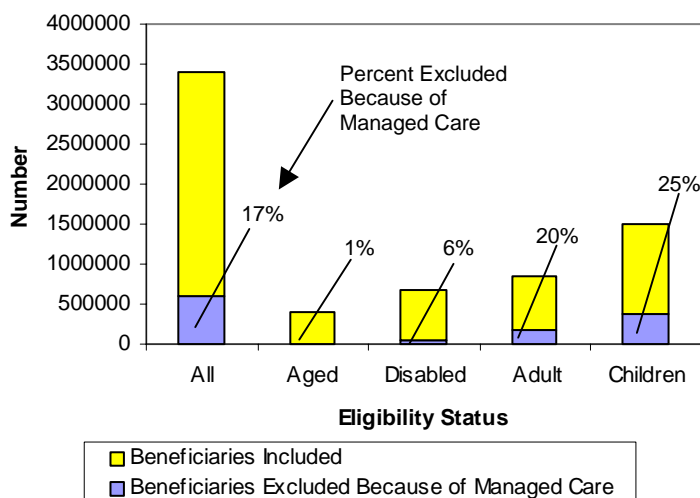| New York Data Comments |
| --- |
| **Incomplete Data:** Most outpatient and residential psychiatric services were either not reported or not identifiable in the MAX data for 1999. |
| **Diagnosis Codes:** Diagnosis coding on claims was relatively complete, except on LT claims. Missing LT diagnoses are unlikely to have a significant impact on MH identification. |
| **Emergency Room:** Many claims for personal care and home health services report the emergency room as place of service, inflating the rate of ER use, in particular among the elderly (see Table 5). |
| **Enrollment:** During 1999, there were major shifts in reported enrollment in comprehensive managed care plans and unexplained inconsistencies between MAX data counts of behavioral health plan enrollment with those reported in CMS managed care data. |
| **Sex:** Sex was reported as "unknown" for over 82,000 enrollees (2.4% of beneficiaries); these individuals are excluded from all sections of tables where information is reported by gender. |
| **Race:** Approximately 21 percent of enrollees were reported with unknown race. |
| **Dual Eligibles:** New York could not identify a significant proportion of its dual eligibles with restricted benefits; virtually all dual eligibles are reported on these tables as having full Medicaid coverage. |
| **Age:** A date of birth was not assigned for over 111,000 enrollees, most of whom were reported in child eligibility groups. Individuals with unknown age are not shown on tables where age is reported. |

NEW YORK DATA QUALITY AND COMPLETENESS

Poor			Good
1	**2**	**3**	**4**
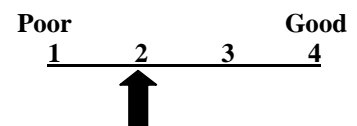
*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS

Percent of Beneficiaries Excluded in New York by Eligibility Group

Percent Excluded Because of Managed Care

All: 17%
Aged: 1%
Disabled: 6%
Adult: 20%
Children: 25%

- Beneficiaries Included
- Beneficiaries Excluded Because of Managed Care

Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. New York's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
NEW YORK, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	3,403,171	100%	2,814,489	83%	$25,286,360,399	100%	$22,808,533,421	90%
Age								
0-3	399,343	12%	312,452	78%	$1,019,561,887	4%	$708,731,564	70%
4-5	166,405	5%	116,269	70%	$295,243,334	1%	$199,516,277	68%
6-12	509,110	15%	360,577	71%	$1,216,662,955	5%	$875,200,215	72%
13-18	320,434	9%	248,636	78%	$1,016,156,534	4%	$819,253,425	81%
19-21	143,859	4%	119,912	83%	$515,176,220	2%	$431,883,077	84%
22-44	859,086	25%	705,846	82%	$6,701,354,049	27%	$5,900,892,962	88%
45-64	433,713	13%	388,966	90%	$5,624,772,458	22%	$5,197,878,446	92%
65 and older	459,477	14%	453,230	99%	$8,770,647,846	35%	$8,562,564,580	98%
Gender								
Female	1,957,932	58%	1,596,949	82%	$14,382,121,713	57%	$12,848,302,489	89%
Male	1,362,777	40%	1,138,046	84%	$10,780,740,786	43%	$9,850,270,468	91%
Race								
White	979,503	29%	838,596	86%	$9,984,161,868	39%	$9,378,723,477	94%
Black	808,785	24%	576,692	71%	$4,236,753,138	17%	$3,399,532,786	80%
Hispanic	782,537	23%	631,666	81%	$3,126,680,274	12%	$2,540,095,332	81%
American Indian/Alaskan Native	14,212	0%	11,770	83%	$53,823,437	0%	$44,539,073	83%
Asian/Pacific Islander	99,518	3%	86,119	87%	$380,098,099	2%	$324,096,171	85%
Other/Unknown	718,616	21%	669,646	93%	$7,504,843,583	30%	$7,121,546,582	95%
Dual Status								
Aged Duals with Full Medicaid	391,854	12%	386,925	99%	$7,870,366,097	31%	$7,685,021,495	98%
Disabled Duals with Full Medicaid	160,283	5%	155,714	97%	$4,226,770,519	17%	$4,133,360,235	98%
Duals with Limited Medicaid	2,603	0%	2,599	100%	$4,611,132	0%	$4,585,874	99%
Other Duals	7,426	0%	6,645	89%	$60,269,536	0%	$53,192,253	88%
Disabled Non-Duals	434,967	13%	400,677	92%	$6,967,995,968	28%	$6,425,559,653	92%
All Other Non-Duals	2,406,038	71%	1,861,929	77%	$6,156,347,147	24%	$4,506,813,911	73%
Eligibility Group								
Aged	387,990	11%	383,182	99%	$7,646,011,375	30%	$7,482,517,307	98%
Disabled	664,623	20%	624,223	94%	$12,194,339,071	48%	$11,518,220,891	94%
Adults	862,012	25%	686,374	80%	$2,903,984,069	11%	$2,139,686,407	74%
Children	1,488,546	44%	1,120,710	75%	$2,542,025,884	10%	$1,668,108,816	66%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

Table1

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
NEW YORK, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	2,814,489	379,325	13%	$22,808,533,421	$7,377,396,852	32%
Age						
0-3	312,452	2,327	1%	$708,731,564	$19,222,720	3%
4-5	116,269	4,667	4%	$199,516,277	$28,100,151	14%
6-12	360,577	43,357	12%	$875,200,215	$336,126,405	38%
13-18	248,636	31,959	13%	$819,253,425	$368,495,297	45%
19-21	119,912	10,188	9%	$431,883,077	$153,479,181	36%
22-44	705,846	129,047	18%	$5,900,892,962	$2,435,100,789	41%
45-64	388,966	100,921	26%	$5,197,878,446	$2,058,194,285	40%
65 and Older	453,230	56,772	13%	$8,562,564,580	$1,978,022,472	23%
Gender						
Female	1,596,949	212,682	13%	$12,848,302,489	$3,850,250,880	30%
Male	1,138,046	166,558	15%	$9,850,270,468	$3,526,491,508	36%
Race						
White	838,596	142,003	17%	$9,378,723,477	$3,098,902,848	33%
Black	576,692	61,379	11%	$3,399,532,786	$1,035,284,763	30%
Hispanic	631,666	66,863	11%	$2,540,095,332	$799,028,737	31%
American Indian/Alaskan Native	11,770	1,127	10%	$44,539,073	$13,435,297	30%
Asian/Pacific Islander	86,119	3,769	4%	$324,096,171	$59,474,448	18%
Other/Unknown	669,646	104,184	16%	$7,121,546,582	$2,371,270,759	33%
Dual Status						
Aged Duals with Full Medicaid	386,925	50,131	13%	$7,685,021,495	$1,747,185,669	23%
Disabled Duals with Full Medicaid	155,714	55,692	36%	$4,133,360,235	$1,757,155,084	43%
Duals with Limited Medicaid	2,599	105	4%	$4,585,874	$2,553,986	56%
Other Duals	6,645	1,812	27%	$53,192,253	$24,633,041	46%
Disabled Non-Duals	400,677	130,210	33%	$6,425,559,653	$2,716,144,607	42%
All Other Non-Duals	1,861,929	141,375	8%	$4,506,813,911	$1,129,724,465	25%
Eligibility Group						
Aged	383,182	43,644	11%	$7,482,517,307	$1,639,940,411	22%
Disabled	624,223	197,719	32%	$11,518,220,891	$4,771,646,771	41%
Adults	686,374	75,973	11%	$2,139,686,407	$595,149,088	28%
Children	1,120,710	61,989	6%	$1,668,108,816	$370,660,582	22%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

Table2

	FFS Mental Health Population							
	All Ages		**21 and Under**		**22-64**		**65 and Older**	
Diagnostic Category	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Schizophrenia	54,457	14%	1,702	2%	44,051	19%	8,701	15%
Major depression and affective psychoses	76,361	20%	4,753	5%	57,008	25%	14,597	26%
Other psychoses	16,326	4%	1,737	2%	9,037	4%	5,550	10%
Childhood psychoses	3,691	1%	2,527	3%	1,109	0%	54	0%
Neurotic & other depressive disorders	106,632	28%	14,610	16%	75,242	33%	16,752	30%
Personality disorders	5,352	1%	402	0%	4,406	2%	541	1%
Other mental disorders	6,222	2%	656	1%	3,096	1%	2,462	4%
Special symptoms or syndromes	8,704	2%	2,945	3%	4,611	2%	1,134	2%
Stress & adjustment reactions	50,019	13%	21,263	23%	23,882	10%	4,871	9%
Conduct disorders	14,437	4%	8,100	9%	5,820	3%	509	1%
Emotional disturbances	10,099	3%	9,525	10%	534	0%	37	0%
Hyperkinetic syndrome	24,725	7%	23,918	26%	766	0%	33	0%
No Diagnosis	2,300	1%	360	0%	406	0%	1,531	3%
Total	379,325	100%	92,498	100%	229,968	100%	56,772	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

Table3

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
NEW YORK, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital — Mental Health Treatment		Total Inpatient Hospital — Mental Health Treatment			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	30	10	2	23	32	3%	11	206	22%	7
	4-5	17	52	3	2	20	1%	44	71	4%	5
	6-12	631	60	24	9	644	5%	59	429	3%	7
	13-18	2,200	55	61	21	2,219	16%	55	1,228	9%	6
	19-21	795	46	130	36	864	16%	48	1,089	20%	6
	22-44	1,757	13	7,689	18	8,332	11%	19	12,536	17%	9
	45-64	1,094	14	4,267	20	4,784	8%	21	10,878	17%	10
	65+	3,360	40	189	23	3,485	9%	40	12,892	32%	6
	All Ages	9,884	37	12,365	19	20,380	10%	29	39,329	18%	8
Male	0-3	52	30	1	1	53	4%	29	286	20%	10
	4-5	76	54	2	15	78	3%	53	147	5%	8
	6-12	1,699	62	38	17	1,714	6%	62	811	3%	5
	13-18	2,377	57	76	34	2,396	13%	57	646	4%	8
	19-21	1,216	46	262	41	1,363	28%	49	468	10%	14
	22-44	2,524	14	9,905	21	10,871	19%	23	10,068	18%	14
	45-64	978	15	3,758	20	4,221	11%	21	8,342	22%	14
	65+	1,674	64	102	43	1,734	11%	64	5,428	34%	7
	All Ages	10,596	43	14,144	21	22,430	13%	34	26,196	16%	12
Total	0-3	82	23	3	16	85	4%	22	492	21%	9
	4-5	93	54	5	7	98	2%	51	218	5%	7
	6-12	2,330	62	62	14	2,358	5%	61	1,240	3%	6
	13-18	4,577	56	137	28	4,615	14%	56	1,874	6%	7
	19-21	2,011	46	392	40	2,227	22%	49	1,557	15%	8
	22-44	4,281	14	17,594	20	19,203	15%	21	22,604	18%	12
	45-64	2,072	15	8,025	20	9,005	9%	21	19,220	19%	12
	65+	5,034	48	291	30	5,219	9%	48	18,320	32%	6
	All Ages	20,485	40	26,509	20	42,815	11%	32	65,585	17%	10

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

Table4

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
NEW YORK, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	330	35%	0.10	1.81	1.91	24,299	16%	1.76
	4-5	351	21%	0.03	2.13	2.17	6,633	12%	1.64
	6-12	2,473	18%	0.34	1.73	2.07	15,515	10%	1.66
	13-18	3,731	26%	0.92	1.63	2.55	12,012	11%	1.69
	19-21	1,800	34%	0.48	2.34	2.82	9,947	14%	1.75
	22-44	23,812	33%	0.44	2.45	2.89	55,591	15%	2.06
	45-64	19,571	31%	0.44	3.09	3.53	31,395	20%	3.24
	65+	13,324	33%	0.40	5.08	5.48	51,383	18%	5.99
	All Ages	65,392	31%	0.45	3.10	3.55	206,806	15%	3.10
Male	0-3	484	35%	0.08	2.22	2.30	28,861	18%	1.86
	4-5	715	24%	0.26	1.64	1.90	8,194	14%	1.82
	6-12	5,362	18%	0.50	1.72	2.22	17,376	11%	1.69
	13-18	3,957	22%	0.69	1.70	2.39	11,310	11%	1.56
	19-21	1,348	28%	0.85	2.36	3.21	4,068	11%	2.05
	22-44	17,508	31%	0.82	2.63	3.45	30,493	16%	2.80
	45-64	11,392	30%	0.91	3.35	4.26	25,208	19%	3.02
	65+	5,190	32%	0.81	4.72	5.53	20,117	18%	5.40
	All Ages	45,956	28%	0.78	2.83	3.61	145,662	15%	2.71
Total	0-3	814	35%	0.09	2.05	2.14	53,160	17%	1.81
	4-5	1,066	23%	0.18	1.80	1.98	14,827	13%	1.74
	6-12	7,835	18%	0.45	1.72	2.17	32,891	10%	1.68
	13-18	7,688	24%	0.80	1.67	2.47	23,322	11%	1.62
	19-21	3,148	31%	0.64	2.35	2.99	14,015	13%	1.84
	22-44	41,320	32%	0.60	2.53	3.13	86,084	15%	2.32
	45-64	30,963	31%	0.61	3.19	3.80	56,603	20%	3.15
	65+	18,514	33%	0.51	4.98	5.49	71,500	18%	5.83
	All Ages	111,385	29%	0.59	2.99	3.57	357,023	15%	2.92

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Table5

TABLE 6

PRESCRIPTION PYSCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH

AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP

NEW YORK, CALENDAR YEAR 1999

Age Group	*Total* FFS Beneficiaries with Any Psychotropic Drug Use		FFS *Mental Health* Beneficiaries with Any Psychotropic Drug Use		FFS *Non-Mental Health* Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	22,220	7%	445	19%	21,775	7%
4-5	12,233	11%	1,541	33%	10,692	10%
6-12	47,412	13%	21,615	50%	25,797	8%
13-18	24,054	10%	13,228	41%	10,826	5%
19-21	9,511	8%	4,797	47%	4,714	4%
22-44	162,162	23%	94,648	73%	67,514	12%
45-64	154,331	40%	84,798	84%	69,533	24%
65+	123,523	27%	35,205	62%	88,318	22%
All Ages	555,968	20%	256,280	68%	299,688	12%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

Table6

TABLE 7

**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES *AGE 21 AND UNDER* WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
NEW YORK, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotro- pic Drug Use
		Antidepres- sants	Antipsycho- tics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotro- pic Drug Type	
Schizophrenia	1,702	24%	60%	16%	5%	2%	34%	7%
Major depression and affective psychoses	4,753	38%	29%	16%	6%	6%	29%	20%
Other psychoses	1,737	18%	54%	14%	3%	8%	28%	13%
Childhood psychoses	2,527	12%	30%	21%	1%	12%	20%	32%
Neurotic & other depressive disorders	14,610	23%	10%	13%	1%	7%	13%	41%
Personality disorders	402	18%	12%	13%	1%	4%	11%	38%
Other mental disorders	656	7%	6%	17%	0%	4%	6%	56%
Special symptoms or syndromes	2,945	8%	5%	12%	0%	3%	4%	62%
Stress & adjustment reactions	21,263	11%	7%	9%	0%	11%	8%	47%
Conduct disorders	8,100	12%	18%	10%	1%	13%	14%	34%
Emotional disturbances	9,525	12%	12%	10%	1%	18%	13%	40%
Hyperkinetic syndrome	23,918	12%	14%	13%	1%	61%	23%	18%
No Diagnosis	360	6%	4%	12%	0%	0%	4%	44%
Total	**92,498**	**15%**	**14%**	**12%**	**1%**	**23%**	**16%**	**55%**

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Table7

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES *AGE 22 TO 64* WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
NEW YORK, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotro-pic Drug Use
		Antidepres-sants	Antipsycho-tics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotro-pic Drug Type	
Schizophrenia	44,051	38%	85%	35%	8%	0%	55%	4%
Major depression and affective psychoses	57,008	74%	41%	53%	8%	1%	64%	7%
Other psychoses	9,037	36%	64%	33%	2%	0%	46%	11%
Childhood psychoses	1,109	33%	56%	41%	5%	1%	46%	14%
Neurotic & other depressive disorders	75,242	64%	19%	50%	1%	1%	46%	17%
Personality disorders	4,406	44%	30%	34%	3%	1%	36%	26%
Other mental disorders	3,096	26%	19%	26%	1%	1%	20%	40%
Special symptoms or syndromes	4,611	33%	11%	29%	0%	0%	19%	44%
Stress & adjustment reactions	23,882	45%	16%	34%	1%	1%	31%	32%
Conduct disorders	5,820	30%	48%	37%	4%	1%	39%	22%
Emotional disturbances	534	23%	22%	25%	2%	0%	19%	40%
Hyperkinetic syndrome	766	37%	23%	28%	4%	24%	34%	25%
No Diagnosis	406	18%	6%	16%	0%	0%	10%	39%
Total	**229,968**	**56%**	**40%**	**44%**	**4%**	**1%**	**49%**	**22%**

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Table8

TABLE 9
**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES *AGE 65 AND OLDER* WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
NEW YORK, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	8,701	19%	69%	19%	3%	0%	29%	4%
Major depression and affective psychoses	14,597	52%	32%	42%	3%	1%	45%	7%
Other psychoses	5,550	16%	40%	17%	0%	0%	18%	15%
Childhood psychoses	54	19%	46%	33%	0%	0%	30%	20%
Neurotic & other depressive disorders	16,752	44%	19%	43%	0%	0%	35%	13%
Personality disorders	541	26%	32%	25%	2%	0%	25%	18%
Other mental disorders	2,462	11%	18%	15%	0%	0%	10%	23%
Special symptoms or syndromes	1,134	23%	19%	31%	0%	0%	17%	27%
Stress & adjustment reactions	4,871	24%	19%	22%	0%	0%	18%	17%
Conduct disorders	509	20%	51%	24%	1%	0%	26%	13%
Emotional disturbances	37	16%	27%	22%	0%	0%	11%	27%
Hyperkinetic syndrome	33	12%	21%	27%	3%	0%	6%	39%
No Diagnosis	1,531	18%	14%	22%	0%	0%	11%	39%
Total	**56,772**	**35%**	**32%**	**32%**	**1%**	**0%**	**31%**	**38%**

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Table9